

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763332

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

13940 SW 24 STREET  
DAVIE, FL 33325 US

**New Principal Place of Business:**

4810 SW 59 TER  
DAVIE, FL 33314 US

**Current Mailing Address:**

PO BOX 290332  
DAVIE, FL 33329 US

**New Mailing Address:**

**FEI Number:** 59-1911388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TESTA, HILDA  
13940 SW 24TH STREET  
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

OLSON, CAROL  
4810 SW 59 TER  
DAVIE, FL 33314 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAROL OLSON

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OLSON, CAROL  
Address: 4810 SW 59TH TERRACE  
City-St-Zip: DAVIE, FL 33314

Title: VPD  
Name: WESSEL, LEIGH  
Address: 4830 SW 196 LANE  
City-St-Zip: SW RANCHES, FL 33332

Title: S  
Name: CONLEY, CANDYCE  
Address: 13771 SW 36 COURT  
City-St-Zip: DAVIE, FL 33331

Title: TD  
Name: COX, KATHERINE  
Address: 5100 THOUROBRED LANE  
City-St-Zip: SW RANCHES, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROL OLSON

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date